

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/510475** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
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50						
TOTAL IND.			2			
TOTAL DEP.			7			
TOTAL CLAIMS			9			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS